



APPLICATION FOR RETIREMENT BENEFITS JUDGES' RETIREMENT SYSTEM

State Form 7096 (R / 10-08)

JUDGES' RETIREMENT SYSTEM

143 West Market Street
Indianapolis, Indiana 46204-2899
Telephone: (317) 233-4146
Toll free: (888) 526-1687

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please type or print. Use black ink.
 2. If you have not previously furnished proof of age to the fund, you must submit such documentation along with this application. Documents showing the date of birth may be an original or photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree. Attach an English translation to any foreign document.
 3. Please have this application notarized.
 4. Return the completed form to the Judges Retirement System at the above address.
 5. If you have any questions or would like additional information regarding your benefits, call PERF at (888) 526-1687 or e-mail to questions@perf.in.gov.

MEMBER INFORMATION	
Social Security Number *	Date (month, day, year)
Name (first, middle, last)	Telephone number ()
Address (number and street, city, state, and ZIP code)	
Name of county where employed	Last day at work (month, day, year)
I elect to accept retirement benefits as of _____.	
I will have served _____ years, _____ months as a judge in the State of Indiana.	
Pursuant to IC 33-13-8-10, I certify that I am at least sixty-two (62) years of age and have at least eight (8) creditable years of service as a judge, or I meet the conditions of the Rule of 85, pursuant to IC 33-13-9.1-4, and have conformed to all requirements of the law for retirement benefits. I further certify that I am neither receiving nor entitled to receive any salary from the State of Indiana for services performed after the date of acceptance of benefits. Accordingly, I hereby apply for retirement benefits.	
Signature of applicant	Date of signature (month, day, year)
Printed name of applicant	

CERTIFICATION OF NOTARY PUBLIC	
STATE OF _____	SS: _____
COUNTY OF _____	SEAL
Subscribed and sworn to before me, a notary public, on this _____ day of _____, 20_____.	
Signature of notary public	Printed name of notary public
County of residence	Date commission expires (month, day, year)

BENEFICIARY INFORMATION (governed by statute)	
Social Security Number of spouse *	Date of birth of spouse (month, day, year)
Name of spouse (first, middle, last)	

EMPLOYER CERTIFICATION	
I hereby certify the following information for the above-named applicant.	
Last day of pay status (month, day, year)	Did the employer-employee relationship extend beyond the last day in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of authorized agent	Date (month, day, year)
Printed name of authorized agent	Title of authorized agent